

1. Diversion

Diversion is "an attempt to divert, or channel out, youthful offenders from the juvenile justice system" (Bynum and Thompson, 1996). In theory, the case for diversion argues that processing certain youth through the juvenile justice system may do more harm than good (Lundman, 1993). For example, if a child who is 11 years old is committed to a training school, he/she may learn from older incarcerated youth new and better ways of performing crime. In practice, diversion alleviates the problem of overburdened juvenile courts and overcrowded corrections institutions (e.g. detention facilities). It is important to note that administrators are faced with the task of providing specific programming for a young population that may present a management problem, coupled with the problem of overburdened courts, due to the young age of offenders and their characteristic impulsivity.

One diversion program model is the intensive non-residential treatment and youth development services where intervention programs to resolve behavioral problems are provided for youth who remain in their own homes. Unfortunately, this option of diverting youth to community-based programs is not widely used; placement into group homes and costly residential treatment programs are more commonly exercised. It is important to note, however, community-based programming is successful.

Identified by the Programming Subcommittee, Tarrant County, Texas, has demonstrated that intensive non-residential programming can be integrated into a seamless continuum of graduated sanctions and services, resulting in less cost. Specifically, Tarrant County has invested in a

continuum of non-residential, community-based responses to delinquency and, in doing so, has demonstrated that innovation can be both less costly and better for reforming juvenile justice. At a time when most county probation agencies in Texas increased the number of youth incarcerated statewide in erecting new boot camps and other correctional centers, or expanding pre-trial detention centers, Tarrant County developed an array of community supervision and monitoring options for juvenile offenders who could be placed at home. In doing so, Tarrant County provided rigorous counseling, community service, and/or youth development programs designed to address behavioral problems.

Tarrant County has received national recognition for its development, implementation, and evaluation of a "Continuum of Services Model." Interactions among law enforcement, courts, probation, prosecutors, caseworks, and front line staff in one facility also contributes to an efficient service delivery to youth. Thus, the time and cost involved in transporting youth to and from court and other agencies is practically eliminated, as the court rooms, secure detention, short term detention, sanctions unit, cafeteria, school, intake and assessment exist within one large building. Finally, Tarrant County's success can also be attributed to the staff that exhibits a high degree of morale and involvement in working with juveniles.

A comprehensive continuum of services and sanctions is provided to youthful offenders in Tarrant County, providing a series of alternatives before commitment to the Texas Youth Commission (TYC) that is a state correctional agency established by the legislature for youthful offenders. In utilizing this Model, Tarrant County does not exceed its targeted number of youth committed to TYC, thus maintaining state funding to enhance program services within the

community. During 1999, the Juvenile Court in Tarrant County committed 157 youth to TYC while their performance target was 265. The Continuum of Services contributes 50% below their targeted commitment rate.

Program offerings include community service restitution and monetary restitution, in which youth are court ordered to perform 30-100 hours of service or make a financial payment to victims. During 2000, 996 juveniles completed 19,775 hours of work for local community agencies, and offenders made monetary restitution payments of more than \$65,000. Another program offering is one for family preservation in which both youth and their families are provided intensive home-based counseling, 24 hour crisis intervention, and training in social skills (e.g. parenting, anger management, conflict resolution, and problem solving). The Juvenile Drug Court Program offers substance-abusing youth the opportunity to enroll in supervised drug treatment as an alternative to formal probation. During 2000, Juvenile Drug Court participants submitted 1958 urinalysis drug tests, of which only 13 percent showed a positive result for illicit drugs.

2. Alternatives to Incarceration

Studies examining the effect of training schools for juveniles upon the rate of recidivism have shown that at least 50 to 70 percent of offenders are arrested within one or two years after release. Apparently, incarceration at training schools does not decrease recidivism, but over-reliance on incarceration is very costly, an incurred cost of approximately \$140 per person daily. An alternative to incarceration is a community-based juvenile corrections program that can hold youth accountable, supervise, and rehabilitate young offenders without removing them to state

institutions. One such program visited by the Programming Subcommittee is the Missouri Department of Youth Services.

The Programming Subcommittee reported that the most successful diversion programs have been those that provide more intensive and comprehensive services. In addition, the Subcommittee learned that the program's success is contingent upon the use of experienced caseworkers. At their visit to St. Louis, MO, the Subcommittee studied the programmatic components of its juvenile justice facilities as an alternative to incarceration.

The Programming Subcommittee chose the Division of Youth Services because the State of Missouri had experienced an increase in the number of youth who were committed. In response, the legislature in 1995 increased the Department's residential care resources and enacted legislation affecting youth being committed to the Division of Youth Services. The legislature enacted a "dual jurisdiction" provision in the law for youth who committed one of seven serious felony offenses. Today, the Division of Youth Services provides a wide range of services to adjudicated youth, including day treatment, community-based residential programs, medium structured programs, secure programs, and an aftercare component.

Currently, Missouri confines only 180 youth in locked correctional training facilities while 75 percent of youthful offenders committed to Missouri's youth corrections agency, the Division of Youth Services (DYS), are assigned to non-residential community programs, group homes, and less secure residential facilities. In community based programs, day treatment programs assist youth in their return to the community and enable youth to continue their education without interruption,

rather than experiencing a delay between their release from confinement and the opening of a new semester in the public schools. Day treatment is often supplemented by the use of "trackers" (hereafter referred to as "case managers") who monitor, mentor, and support delinquent teens each day in community supervision.

In addition to community-based programs, Missouri has implemented the use of six non-secure group homes with 10-12 beds each, as well as 18 moderately secure residential programs serving 20-30 youth each. The group homes typically house youth who have committed only status offenses or misdemeanors and who pose no danger to the community. Each of the facilities is organized into treatment groups of youth who share a dormitory and participate together in academic classes and group therapy sessions.

Of particular interest is DYS' collaboration with William Woods University in Fulton, Missouri where an eleven-bed community based treatment facility for female offenders was opened in January 2001. Residents are exposed to various opportunities on campus and university students who are engaged in clinical training. All facilities under the supervision of the Division are well maintained and staff-secure. All youth have access to educational programs, counseling, family visitation and involvement, treatment and aftercare support.

After evaluation of these best practices, the Programming Subcommittee concurred that overuse of detention is attributed partly to failure of probation department staff's consideration of alternative options at the time a youth is taken into custody.

C. Detention

The ultimate disposition of the youth's case is impacted by the decision whether or not to hold a young offender in a juvenile detention center or to release the youth to a program or parent. According to Mark Soler of the Youth Law Center, "Youth who are detained, rather than let go to their parents or released to some other program, are much more likely to be incarcerated at the end of the process." (Rust, 1999). While detention has an effect upon the youth's disposition and placement post-adjudication, detention does not deter future offending. Research shows that detention does increase the likelihood that children will be placed out of their homes in the future depending upon prior offense and social history (Rust, 1999).

Nationally, pre-trial detention is used excessively. Juvenile detention centers are intended, under the law, to house young people who pose a danger to themselves or others and are pending trial or if the youth are at risk to flee the jurisdiction rather than appear for scheduled court hearings. In practice, youth are detained for reasons far less grave than necessary. Nationally, the vast majority of youth (79 percent in 1997) held in juvenile detention were not charged with violent felony crimes, but charged with a misdemeanor, status offense, or property crime. Similarly, among detained youth who allegedly are at risk to flee the jurisdiction, those detained had failed to appear at an earlier court hearing following a long delay from arrest or without a reminder of the hearing. Cost continues to rise as slow case processing lengthens the duration of stay for many detained youth, as well as because of those adjudicated youth who are waiting for placements into a corrections or treatment program.

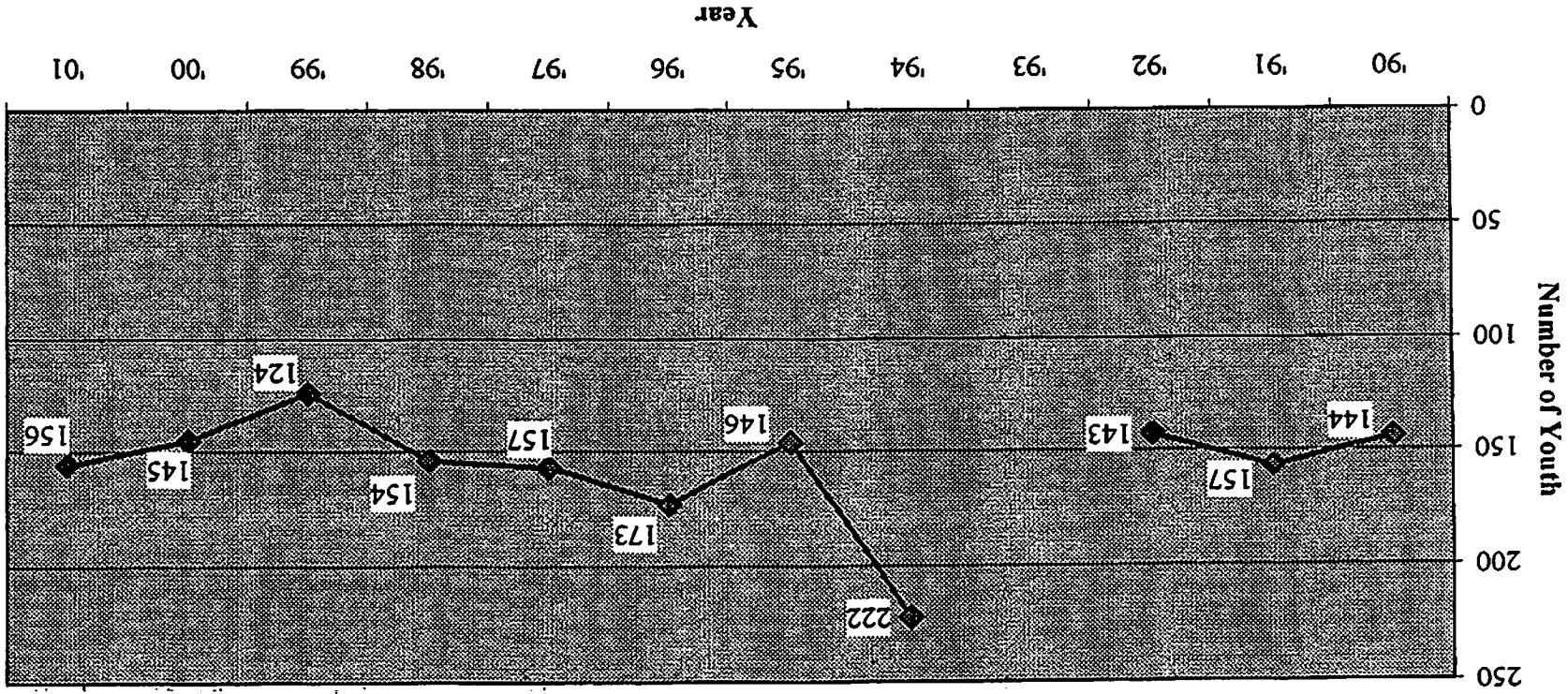
In the District of Columbia, administrators at Youth Services Administration (YSA) have managed population pressures well according to the *Jerry M.* monitor. Based on population summaries reported by YSA at the beginning of April, May, and June 2001, the average number of detained youth at Oak Hill was 64. During the last two weeks in April, there were over 100 detained youth at Oak Hill, ranging from 103 to 110 youth while the average number of committed youth at the beginning of April, May and June 2001 was 54. The total number of male youth at Oak Hill during the second quarter was at a maximum of 174 males on April 2 (105 detained, 65 committed, and 4 dual detained/ committed male youth).

To better understand the trends in over-detention, the Programming Subcommittee visited Delaware's Ferris training school, which had just come out of a consent decree and adopted a new correctional philosophy. Originally, Ferris School typically held close to 100 youthful offenders despite its maximum capacity of 47. According to the American Civil Liberties Union (ACLU) for Delaware, the facility was in poor condition, and unclear while provisions for food, clothing, and education was inadequate (Fields, 1999). A pending ACLU lawsuit contributed to legislative approval for \$14.5 million dollar facility and strategies for addressing issues pertaining to surging juvenile population, agency reorganization, adversarial relationship between union and management, and community issues such as "Not In My Back Yard" (NIMBY).

Currently, the centralized juvenile justice system is under the administrative oversight of one Director, Sherese Brewington-Carr. As a result of having complete supervision over each component of the juvenile justice system including pre-trial, probation, detention, and aftercare, the Director is well informed of all aspects of its operation in the provided continuum of services.

Oak Hill Youth Center-Securely Confined Populations 1990-2001*

FIGURE 14



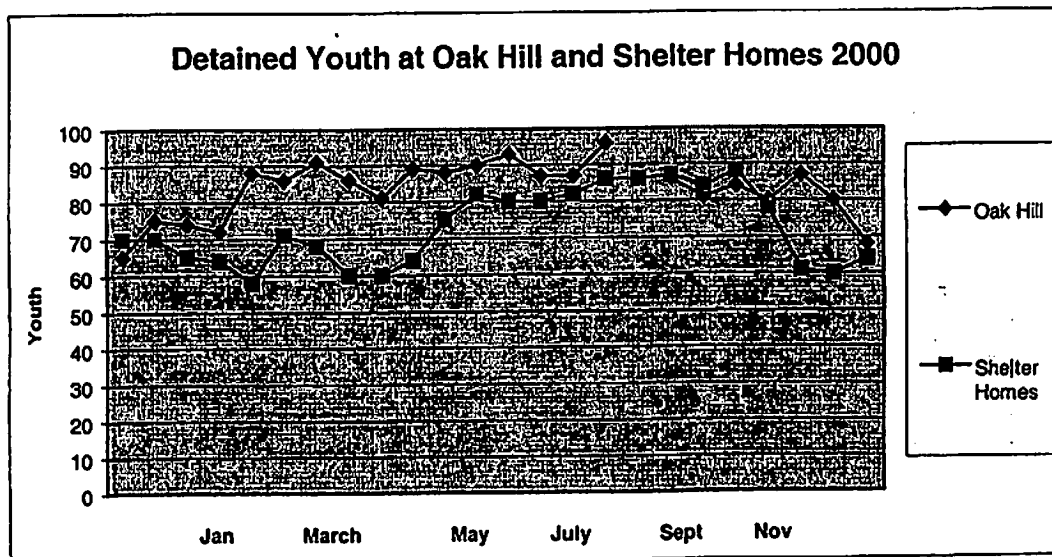
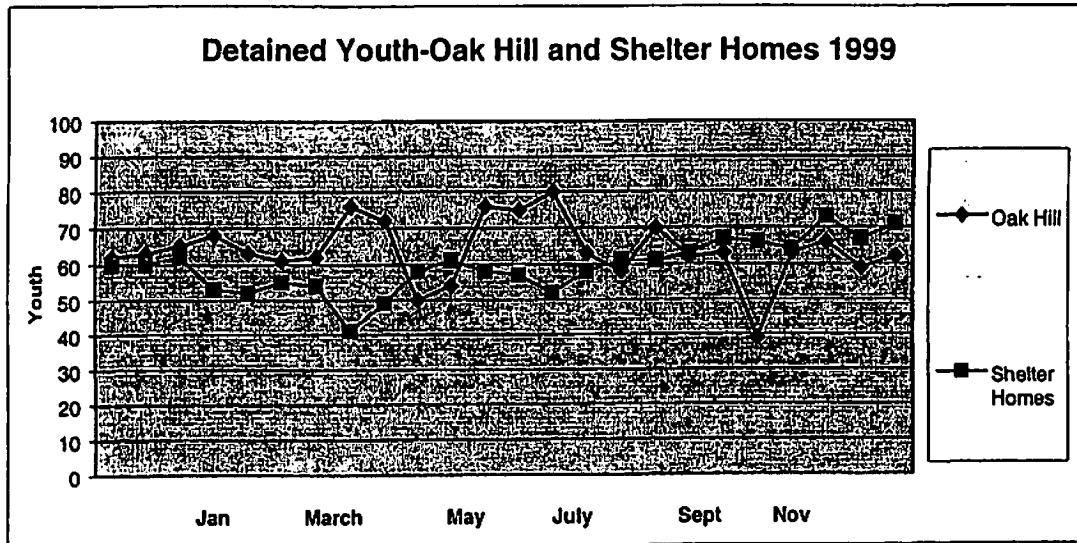
SOURCE: District of Columbia Department of Human Services Youth Services Administration

*These data represent the Average Monthly Population collected randomly during each year from 1990-2001. Data were not available to report for one particular month each year, and no data were available for 1993. These data represent only those youth residing at the Oak Hill Youth Center. Please note that the 1994 spike in population likely resulted from the closure of the Receiving Home that year. Also note that these data represent both detained and committed youth residing at Oak Hill.

FIGURE 15
YSA Detained Populations
Oak Hill Youth Center
Shelter Homes
1999-2000

Detained Populations at Oak Hill and Shelter Homes

	1999	2000
Average Detained Population at Oak Hill	63.83	83.22
Average Detained Population in Shelter Homes	59.29	72.63



Moreover, due to her concerted efforts and strong leadership, the Ferris School has received national recognition for its state of the art facility. The renovation of the Ferris School was completed in May 1997, resulting in an accreditation by the American Correctional Association. Currently, it houses 72 male juvenile offenders. All services, including medical, dental, mental health, educational, recreational, and visitation are provided in a staff secure environment.

It is important to point out that the Ferris Schools' juvenile justice initiatives are supported by the legislature. This is evident, in that funding has been allocated for a new 77-bed secure-care detention facility designed to house pre-trial youth. The total cost for the complex includes \$15.9 million in capital funds and \$5.6 million for operational and personnel expenses. Other noteworthy aspects of the Ferris School's detention facility are that gender specific programming is provided and that Delaware utilizes contract care providers. A significant number of their juvenile population (200-250) are in facilities contracted by the state, however much emphasis is placed on monitoring contract programs through on-site visits, review of individualized treatment plans, and review of performance outcomes. As a result, *all* youth receive programming in drug and alcohol education, anger management, conflict resolution, sex education, and HIV prevention.

D. Commitment and Specialized Treatment

According to the *Jerry M.* 43rd monitoring report, District government is in:

“.... Partial compliance with respect to short term educational, recreational and emotional needs; partial compliance with the preparation of recommendations on individual needs for

disposition; and partial compliance with maintaining and preventing a child's deterioration during his period of detention....On Unit 6 where female youth are housed, detained females are still commingled with committed females. Female PINS (persons in need of supervision) are commingled with the other female wards during recreation at "Oak Hill and in transport to school and the gym. Direct observation indicates that none of the units provide detained youth (including PINS) with the comprehensive treatment program envisioned in the Consent Decree to address the emotional, educational, recreation, or psychological needs of detained youth."

YSA has agreed that all detained youth will have an individual service plan (ISP) in place on the 15th day after admission, and plans to provide youth detained for 45 days or more with services consistent with the goals specified for committed youth. In practice, review of files for detained youth as of June 15 indicated that the majority of securely detained youth had been housed in the Orientation Unit for a minimum of 3 weeks, or 21 days, and services identified in ISPs are not provided to youth living in this unit beyond the 10-day orientation program. Contributing, in part, to the deficiency is the observation that case managers do not convene meetings to develop ISPs. However, YSA will initiate procedures in last quarter 2001 to enable the case manager to convene the meetings.

To better understand specialized treatment for committed youth and to provide solid grounds for its recommendations to the full Commission, the Programming Subcommittee studied and analyzed the following treatment programs at the various site visits:

- ***Sex Offender:*** This treatment program ought to be based on a cognitive-behavioral, and relapse prevention model. The focus is not only on correcting the offending behavior, but also on correcting the cognitive distortions (or “thinking errors”), that result in the behavior.
- ***Capital Offender:*** This program initially was exclusively for youths who committed homicide, but has been expanded to include juveniles sentenced for other violent offenses. This type of program is designed to help juveniles understand what makes them act and helps them identify way to cope with the feelings that trigger dangerous behavior
- ***Chemical Dependency:*** This program differs from “substance abuse education” in that this is considered a specific therapy under the direction of a licensed addictions counselor. Components include chemical dependency education, group and individual counseling, and living and social skills training. Juveniles examine their life stories, offense histories, and relapse cycles. The criminal behavior is addressed through linking the dynamics of addiction to the juvenile’s life story, offense cycle, and success plan.
- ***Art Therapy:*** This program is a form of psychotherapy in which the juvenile usually creates some form of artwork as a drawing, doodles, a sculpture made of clay, collage, or other art. These techniques do not necessarily require any special talent, experience, or training in the arts.
- ***Emotional Disturbance:*** This program is for juveniles who have been clinically diagnosed with severe emotional and/or mental illnesses and will require specialized treatment. Such programs focus on interactions with others (e.g. family, school and community members). The immediate goal is behavior management; intermediate goals

address the juvenile's offense history and emotional programs, and the extended goals address family and community issues.

- ***Mental Illness:*** These programs serve a population that has been diagnosed by a psychiatrist and determined to have a form of mental illness requiring medical and psychological oversight, especially in monitoring psychotropic medications.
- ***Mental Competency Restoration:*** These programs serve juveniles who are unable to grasp the basic understanding of information, instruction, or everyday activities and who will need individualized instructions to assist them in comprehending basic concepts. A juvenile may be placed in such a program by a court, in an effort to restore competency for the purpose of understanding court proceedings.

As part of their ongoing effort to study commitment and specialized treatment, the Programming Subcommittee identified Marlin Orientation and Assessment Unit (MOAU) as a strong model. The Marlin Orientation and Assessment Unit is the receiving facility for all youth, male and female ages 10-16 who are committed to the Texas Youth Commission (TYC) by judges from all 254 counties in the State of Texas. With an overall capacity of 436 beds, 260 juvenile correctional officers, 33 caseworkers, 18 psychologists, 21 teachers, 5 diagnosticians, and 10 teacher aides strengthen the operations of the facility. Its operational goal is to orient youth to TYC and assess their needs. Youth who are sent to MOAU are detained for approximately 60 days while the assessment and orientation processes simultaneously take place.

It is important to note that the Subcommittee sought to focus on the actual process of assessment and orientation, not upon the practice of juvenile detention at MOAU. That is, despite

the high population at MOAU, the Subcommittee's interest focused on the various programs that characterized the juvenile justice process. Best practices identified at MOAU include issues regarding capacity, intake procedures, data collection, classification process, and correctional treatment (i.e. resocialization). At orientation, youth are advised upon arrival why they have been committed to the agency and because the legal system in their community feels unable to protect their citizens from them. Youth are then informed of the rules and requirements, and are mandated to comply. Next, dorm caseworkers lead youth in groups to their respective dorms. In small groups, youth are taught the "Four Cornerstones of Resocialization", a program developed by TYC staff, consisting of (1) correctional therapy, (2) discipline training, (3) education, and (4) work. Operationally, the program is very structured into a 16-hour schedule with strict wake up and bedtime times.

At MOAU, youth must attend the resocialization therapeutic program, consisting of five phases. Phase one is taught at MOAU where youth learn major thinking errors including, deceit, down playing, avoidance, blame, use of excuses, false conclusions, acts of helplessness, over-reaction, and feeling special. Youth also learn greeting skills, victim empathy, their life story, and how to work collaboratively in groups. The other four phases of the resocialization program are taught when youth are at placement and on parole. Youth at MOAU receive 24-hour medical care through a contracted medical provider, receive three balanced meals and snacks daily, and have access to non-denominational religious training from religious volunteers from the local community. All movement of youth within the facility is conducted in an orderly, structure process to teach discipline and respect. Disruptive behavior is addressed by referring the youth to a 24-bed security unit until self-control is regained.

The assessment process at MOAU is designed to identify problems that youth face and that are revealed in their social histories. During this time, treatment needs are identified to assist in youth placement. Moreover, all youth are assessed by a caseworker to provide a written summary of youth's past, current and future needs to develop a treatment plan. All youth will be seen by a psychologist for a psychiatric evaluation and referred for subsequent psychiatric sessions if necessary. Educational testing and youth language assessment also takes place to determine the grade level at which the youth is functioning. In addition, substance abuse testing is conducted. Any diagnostic information obtained at MOAU, accompanied by youth behavioral reports, is recorded in a student's master file and stored at a centralized placement unit. This information assists the caseworkers in determining if the youth should be placed in a non-secure halfway house or a non-secure contracted placement facility, or into a secure TYC facility or contract placement. Youth identified with specialized treatment needs are placed in treatment programs while youth identified with severe mental health needs are sent to Corsicana, TX.

The Programming Subcommittee noted that among the significant finding at MOAU is that all educational, medical, dental, psychological, and psychiatric mental health assessments are conducted in one location before a youth is classified according to security and rehabilitation needs. Youth are introduced to the agency's basic treatment modality, expectations and structured activities as soon as they arrive at the facility. This eases their transition into the subsequent placement. Resocialization as a treatment modality is nationally recognized because it emphasizes victim empathy, internalization and accountability for youth. The curriculum is also available in Spanish.

The Programming Subcommittee also visited the Giddings State School in Giddings, TX due to its national recognition by the media and policy makers for reducing recidivism by providing Specialized Treatment, including chemical dependency, sex offender, capital offender and treatment for emotionally disturbed adjudicated juveniles. Giddings State School has developed and implemented the Resocialization Treatment Modality that has been copyrighted and is being replicated in other jurisdictions as a recognized and effective correctional therapy component. Moreover, Giddings State School has successfully made the transformation from *Morales versus Turman et. al.* consent decree to a model for other jurisdictions based on program evaluation and ability to be accredited for its sound juvenile correctional practices by the American Correctional Association.

Giddings facility gives the appearance of a college campus, with on-site school, chapel, cafeteria, laundry, gym, swimming pool, and vocational shops. The entire facility is enclosed with a 15-foot fence with no barbwire. The low staff to youth ratio offers consistent interaction between youth, volunteers, administrators, and youth. The Subcommittee identified the following best practices at Giddings:

- Specialized treatment for chemically dependent, sex and capital offenders, and emotionally disturbed
- Gender specific treatment with emphasis on clinical intervention
- Structured 16-hour day consisting of education, vocational training, counseling, specialized group session, visitation, religious services
- Elaborate policies and procedures manual outlining due process requirements

- Case management system, which places considerable emphasis on the Individualized Educational Plan and the Individualized Treatment Plan
- Aftercare linkage
- Independent living preparation
- Extremely active volunteer program and Citizen Advisory Board
- Low staff to youth ratio

Both facilities demonstrated to the Programming Subcommittee that specialized treatment reduces recidivism. Moreover, it is important to note that the Program Subcommittee acknowledged that faith-based programs and organizations play a very important role in the rehabilitation of youthful offenders. For example, during the Subcommittee's visit to Giddings, youth were seen repairing and repainting Worship Signs for surrounding churches and temples. Additionally, every site visit had in some way or the other, incorporated faith-based initiatives such as ministerial services, access to spiritual leaders and bible studies.

In addition to educational and vocational training, the Subcommittee recommended substance abuse education for all juvenile offenders and chemical dependency treatment to juveniles upon assessment and/or clinical interview by a licensed chemical dependency counselor. Substance abuse is not a substitute for chemical dependency treatment. Videos should not be used as a substitute for actual instructor/ juvenile interaction and discussion, but can be used, however, as a supplement for educational purposes. On the other hand, the chemical dependency treatment program should consist of group, individualized counseling, and drug testing, as deemed necessary by the licensed counselor. At least one hour of group counseling and one hour of individual

counseling per week should be mandatory for juvenile offenders who are diagnosed as chemically dependent as a result of a clinical interview and/or assessment. At a minimum, therapists working with chemically dependent juveniles should be Certified Addictions Counselors. Para-professionals with appropriate training and experience may be utilized, provided they are under the supervision of a professional counselor. Documentation and records for all sessions must be maintained to verify that services have been rendered.

In addition, the Programming Subcommittee recommends that the Youth Services Administration (YSA) provide counseling and psychological services that are consistent with the needs of each juvenile based on assessments and/or a clinical diagnosis by a licensed therapist. A juvenile's individualized program plan should address treatment needs in addition to a treatment plan that outlines how those needs are being met for juveniles who are in need of chemical dependency treatment, sex offender treatment, treatment for emotional disturbance, violent offender treatment, and/ or treatment for mental illness. Individual and family counseling ought to be available to all juveniles, their families, and significant others if feasible. Moreover, qualified professionals who have the appropriate license should provide counseling. Above all, resources need to be available within the community to assist counseling staff and to receive referrals for assessments when needed while staff must be sensitized to and trained in dealing with issues of juvenile sexual, emotional, and physical abuse.

Within the individualized treatment plan, structured recreational activities ought to include supervised indoor and outdoor sports, supervised table games, and supervised hobby crafts. Also, religious services and activities for the juvenile offender population, subject only to the limitations

necessary to maintain facility order and in some cases security, should be provided. Provisions must accommodate all universally recognized religions, and provide access to members of the clergy, spiritual advisors, publications, and religious symbols. Such provisions must include accessibility to private space for spiritual leaders and religious consultants to conduct pastoral counseling with juvenile offenders. In addition, opportunities should be provided for all juveniles to participate in cultural activities in an effort to enhance their self-image and increase their cultural knowledge, increasing their awareness and appreciation for their own cultural heritage and that of others.

E. Aftercare

Aftercare is a strong component that should not be absent in providing quality treatment and youth development services for incarcerated youth; a well-planned and coordinated process for transitioning youth from the institutional setting to aftercare is imperative. Various components for successful transition include early parole planning, parole officer institutional visits, continued treatment from institution to community, youth pre-release visits to community, transitional residence, transitional day programming, and supervision during probation. Aftercare planning is important so that parole officers can put needed services in place prior to the youth's actual release. Coordinators need to be actively involved in helping youth to gain admission to schools or colleges, employment, assisting youths' families to secure needed services or benefits, and advocating for youth with schools or employers.

The goals of aftercare are two-fold: to provide youth with opportunities for vocational, educational, and social success in the community and to insure a supportive transition from the

institution to the community, including in-home family services, school, vocational, counseling programs, and other comparable services in the community.

In reviewing progress reports on *Jerry M.* consent decree, the Programming Subcommittee determined that the aftercare component in the District of Columbia is still lacking. However, it is important to note that YSA has contracted for aftercare services in the community along with the development of a grant for intensive aftercare services for youth released from Oak Hill. To this effort, YSA has made tentative aftercare plan to be incorporated into the ISP available on JIM (Juvenile Information Management), a computerized case management system.

YSA has been proactive in addressing the need for aftercare. YSA has a community-based grant from the Department of Justice to focus on intensive aftercare for youth upon their release to the community, focusing on the provision of guidance and mentoring to youth when they return to their neighborhoods. Wards 7 and 8 were selected as the sites for the grant since 64.6% of the District's children live and from which over half the children committed to YSA reside. Moreover, YSA has partnered with the "Community Trust Neighborhood Initiative" to prepare selected youth at Oak Hill for their next placement, either to the community or to a residential placement, establishing the "Total Life Changes" program which was allocated \$150,000 in grant funds.

To help address the need for aftercare in the District of Columbia, the Programming Subcommittee sought to focus on aftercare services or community supervision (i.e. probation as an alternative to incarceration and parole following a period of incarceration) in the continuum of care. Whereas community supervision is conditional release in lieu of incarceration, parole consists of

community supervision following a period of incarceration. After evaluation of current literature, the Programming subcommittee reviewed best practices in Texas, Delaware, and Missouri.

In Texas, parolees are required to engage in constructive activities regarding school, work, community services, and volunteerism as aftercare officials use graduated sanctions that hold youth accountable for their behavior in the community prior to actually waiting for a new offense to be committed. In such a model, parole officers in Texas sanctioned youth in the community for "technical" violations prior to youth committing "new offenses." This demonstrates a very proactive approach to supervising youth on release or parole within the community. One thing that differentiates Texas from other states is that youth on parole are required to be involved in constructive activities such as school, work, community service, and volunteerism. Research has indicated that community involvement reduces recidivism. Texas has also used the graduated sanctions mechanism consisting of increase of youth services hours, increase in office visits, increase in drug surveillance or removal home and placement in a halfway house or sanctions center depending on the severity of the violation.

One best practice in Delaware is that it has an aftercare component on campus, consisting of a cottage where youth are prepared for release into the community. That is, from the secure unit, all youth are transitioned into the unit before they are released from staff secure supervision. Some activities in this aftercare unit include an emphasis on reintegration such as visits to community, registration within schools, access to employment services. Youth remain at the cottage for approximately 30-60 days. At the cottage, the aftercare worker must meet with youth and family to review the aftercare plan and allow youth to continue counseling, vocational training and other

needed services. Implementation of this aftercare model enables the youth to be slowly reintegrated into the community, as they deal with one aspect of civilian life one at a time.

The Missouri model provided another example of best practices for the Programming Subcommittee in studying an aftercare model in addition to providing an alternative to incarceration mentioned above. The Division of Youth Services (DYS) is extremely progressive in all areas of its operations and service delivery for youth in custody. The system does not rely on large institutions, but rather on small, strategically located community-based residential treatment facilities or “group homes”. These programs offer a wide range of programmatic opportunities, such as counseling, education, vocational training, mentoring, individualized and specialized treatment in environments that are nurturing and conducive to rehabilitation. Much emphasis is placed on helping youth address their problems by expressing their feelings to others.

The Division of Youth Services in the State of Missouri defines its aftercare program to include “...virtually all young offenders [who] are placed on aftercare status when they leave an intensive treatment program. In aftercare, case managers provide supervision and services to help the youth successfully return to life in the community. Case managers reinforce skills the youth learn in treatment and provide guidance and supervision as necessary. They may serve as counselors or supervisors to the youth or may refer to them to appropriate services in the community.

Youth attend six 50-minute periods of academic instruction every weekday all year round. Academic training is taught in small groups for GED instruction or class work toward a high school

diploma. Collaborative work efforts include special projects such as discussion on stock markets while individual lessons are conducted in a computer-learning lab. In addition to academics, youth at DYS participate in treatment programs consisting of 90 minute group sessions conducted five times a week by highly-trained college-educated youth specialists and group leaders at all of Missouri's residential and day treatment programs. These sessions help youth explore their own identities, reflect on their family histories, learn to understand their emotions, and build skills to recognize and reverse their destructive behavior patterns.

Contributing to the success of Missouri's treatment approach is the inclusion of families. Unlike most other states, Missouri's juvenile corrections system is divided into five sub-state regions, enabling almost every youth to be housed within a one or two hour drive from their family homes (Mendel, 2000). DYS family therapists travel to the homes of residents' parents and guardians, or they drive family members to and from the residential facilities to make visits and participate in family therapy sessions. All of these efforts in treatment contribute to the youth's successful transition to the community.

According to the *Jerry M.* consent decree, weaknesses include that aftercare workers, families, and youth do not come together to discuss the aftercare plan for juvenile. Despite the availability of grant money to YSA to bolster an aftercare structure within the community, services are still lacking. Proper planning for linking youth to services within the community is deficient. Development, implementation, and evaluation of an intensive strategy for adjudicated youth under supervision by authorities in the community are imperative.

Strategies, as identified by the Programming Subcommittee and approved by the full Blue Ribbon Commission, should include:

- Streamlining and simplification of current regulatory policies in personnel and contracts and procurement
- Creation of front-end diversion opportunities at the Metropolitan Police Department and Court Social Services
- Continuation of plans for a secure, treatment-based and cottage-like juvenile detention facility on Mount Olivet Road for pre-trial and pre-disposition youth
- Demolition of Oak Hill, with design and construction of a child and youth-friendly facility for specialized treatment. Following the development of a workplan to bring children and youth back from out of District placement, this site could house these youth as a strategy to bring them closer to families.
- Development, implementation, and evaluation of various strategies utilized in community supervision and case management for probation and aftercare.
- Provision of wraparound services (i.e. chemical dependency treatment, specialized family counseling, and mental health services)
- Use of Memoranda of Understanding (MOU) to build comprehensive systems of quality care, particularly in relation to mental health services
- Continuation of plans to secure community-based residential treatment facilities in the District of Columbia for PINS and committed youth needing such services.
- Transition to a community based residential program if deemed necessary
- Return to schools and the community
- Employment opportunities for those making transition to aftercare
- Provision for public protection, victim rights, and youth accountability

Chapter 4

Administrative and Legislative Approaches to Reform

The Legislative Subcommittee of the Commission guided the work reflected in this chapter. Focused on the translation of best practices into legislative and administrative proposals, the Subcommittee reviewed legislative hearings and juvenile statutes from other states engaged in reform, surveyed legal and policy literature centered on public safety and youth, and drafted proposed language and themes for inclusion into new proposals for adoption by the Council of the District of Columbia and the Mayor. Members came to consensus about the need to conduct a thorough review of the DC Code on a section-by-section basis. Comparisons were also made with other jurisdictions to determine prevailing trends in juvenile court activities.

In addition to its survey and analysis of the different strategies that states adopted to address needs in the juvenile justice system, the Subcommittee's members visited several jurisdictions where best practices have been observed in relation to dispositional processes, the use of individual treatment plans, and general treatment-based rehabilitation strategies. Site visit protocol criteria included several factors: demographics, history of legislative and/or judicial reform, documentation of best practices, recidivism experience, and history with community-based collaboration. Site visits were conducted with colleagues in Boston (MA), Tarrant County (TX), Jefferson City (MO.), and New York City (NY). These visits reflected a diversity of state

experiences in relation to the role of the judiciary, state legislatures, and local government initiatives.

The Subcommittee consulted a number of stakeholders, including youth, as it considered the best options to build an effective system. Established in 1906, the District's juvenile code has undergone only five substantial revisions in the last 95 years; it has only been reviewed in a comprehensive manner twice in the past 30 years. The following areas were outlined as critical themes for the improvement of the juvenile justice system in the District of Columbia:

Establishment of a Purpose Clause

Legislative Subcommittee members voted to recommend that a purpose clause be created for Title 16 of the D.C. Code. The purpose clause would establish the tone for the juvenile delinquency provisions of the Code, and would include language that expresses the goals of the Mayor in creating a juvenile justice system capable of dealing with the problem of juvenile delinquency, while treating children as children and protecting the needs of communities and victims alike.

The purpose clause will consist of twelve declarations outlining principles to ensure:

1. A guarantee of due process for juveniles;

2. A reduction of recidivism with proactive intervention to stem youth violence;
3. The development of meaningful prevention strategies to address delinquent behavior;
4. The preservation and strengthening of families, whenever possible;
5. Delinquent youth are held responsible for their actions;
6. A commitment to the rehabilitation of children;
7. Recognition of the ability to promote rehabilitation of children who are substance abusers;
8. A commitment to provide services in neighborhoods whenever possible and appropriate;
9. Achievement of all goals in the least restrictive settings possible;
10. Governmental accountability for the provision of reasonable rehabilitation;
11. A guarantee to provide for the safety of the public, at large;
12. Recognition of the need to provide services to victims of juvenile crimes.

Subcommittee members affirmed that prevention of crime and rehabilitation of children and youth is a goal established in other state statutes, including Massachusetts, Missouri, Texas, and California. Given the magnitude of drug use, mental health issues, and co-occurring disorders among committed juvenile offenders and the documented effective strategies to address these problems, it is critical that the DC Code be amended to reflect these goals for the juvenile justice system.¹ Incorporation of a Purpose Clause

¹ Please consult the following for information on framing a continuum to address substance abuse and mental health issues, in particular: U.S. Department of Health, *Underage Drinking Prevention: Action Guide for Planner*. Washington, DC: Substance Abuse and Mental Health Services Administration, 2001; Simpson, J., Jivanjee, P., Koroloff, N., Dorfler, A., and Garcia, M. (2001). *Systems of Care: Promising Practices in Children's Mental Health, 2001 Series, Volume III*. Washington, DC: Center for Effective Collaboration and Practice, American Institutes for Research.